

# **Pre-operative Teaching Handbook for Bariatric Surgery ROUX-EN-Y**

*Developed by:*

Bariatric Team August 2005

*Revised by:*

Bariatric Team February 2020

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MBSAQIP Director and MBS Committee

# Welcome to Kettering Weight Loss Solutions Metabolic and Bariatric Surgery

You are to be congratulated for taking a major step to improve your life and your health. The weight loss surgery team is committed to being there for you throughout your entire weight loss journey. We are here to meet your individual needs and will do whatever we can to accomplish that.

This patient education book contains information about your weight loss surgery. Well-informed patients do much better after surgery. It was created to help you prepare for your surgery and the lifestyle changes you will need to make after your surgery. The binder is yours to keep and refer to as needed. Please review this information before your surgery, as it will help you prepare for your surgery and your recovery. Please bring it with you to the hospital when you have your surgery.

Thank you for the opportunity and the privilege to be a part of this important decision to start living again. Please feel free to call us any time you have problems or concerns.

*Your Weight Loss Surgery Team*

**Kettering Physician Network - Bariatric Surgery**

(937) 439-4145

**Kettering Weight Loss Solutions**

(937) 433-5957 or 1-866-395-5957

**After hours**

1-888-625-6289

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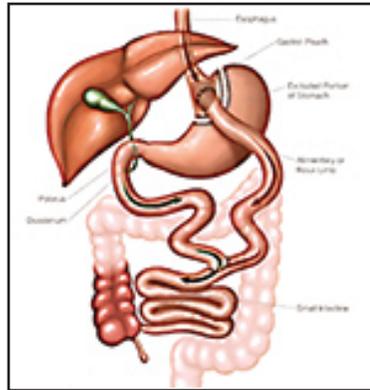
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# 1 Preoperative Information

## What is a Roux-en-Y?

- **The Roux-en-Y is the gold standard or procedure of choice for weight loss surgery.**



- The stomach capacity, or holding area, is changed and bypasses, or goes past, parts of the small intestine.
- The surgeon divides or transects the stomach into two compartments, or parts, by using surgical staples. The upper part, or pouch, is about 1-2 ounces and will restrict food intake.
- The lower stomach makes up about 90% of the original stomach capacity and will no longer store food but remains functional.
- The small intestine is divided. One end is connected to the small stomach pouch. This makes an **anastomosis**, or what may be called a stoma. The other end is connected further down to another part of the small intestine to allow the mixture of gastric acids to digest food.

## Advantages of Roux-en-Y

- Provides a tool for food restriction.
- Better long-term weight loss results than with restrictive surgeries only.
- Usually best for those who consume too many calories in the form of simple sugars.
- Usually best for those who have type 2 diabetes.

## Side Effects of Roux-en-Y

- **Dumping syndrome** occurs when food, especially sugar and fats, moves from your stomach into your small bowel too quickly and too much insulin is released, lowering blood sugar. When the pylorus is bypassed, food rapidly passes into the intestines, causing water to pull inside and move the food down quickly. Signs and symptoms of dumping syndrome generally occur right after eating, and might include feelings such as nausea, vomiting, diarrhea, abdominal cramps, flushing, dizziness, lightheadedness, rapid heart rate, sweating, weakness, and fatigue. Some people view this as a way to keep from going back to unhealthy eating habits. For many, the trouble digesting sugar is only temporary, and a return to a higher sugar diet may cause weight gain. Although the effects are unpleasant, dumping syndrome helps with weight loss.

## Disadvantages of Roux-en-Y

- Malabsorption, or less absorption, of some nutrients occurs because the upper part of the intestine is bypassed. The bypassed segment cannot absorb certain nutrients because food now goes down the roux limb, or the new path from the surgery.
- Nutritional deficiencies can be avoided by making a lifetime commitment to taking vitamin and mineral supplements daily.
- Alcohol has a greater effect and higher risk of abuse.

## Possible Complications of Laparoscopic Surgery

- Spleen or liver injury
- Damage to major blood vessels (bleeding)
- Perforation or injury to the stomach or esophagus
- Internal hernias due to adhesions

## Safety

- These surgeries have a mortality rate of 0.13% in reported data.
- All surgeries may have risks. These risks vary depending on weight, age, and medical history. Patients should discuss these with their doctor and bariatric surgeon.

## Roux-en-Y Indications

- Your BMI is 35 or higher with comorbidities (i.e., high blood pressure, diabetes, heart disease, etc.).
- Your BMI is 40 or higher without comorbidities. This means you are at least twice your ideal weight or you weigh 100 pounds more than your ideal weight.
- Your serious attempts to lose weight have had short-term success.
- You do not have any other disease processes that may cause you to be overweight.
- **You are prepared to make major lifestyle changes.**
- **You are prepared to make major changes in your eating habits.**
- **You are prepared to eliminate or decrease alcohol and caffeine consumption.**
- **You are prepared to stop smoking.**

- **You are prepared to eliminate carbonated beverages.**
- **You are prepared to no longer take NSAIDs (nonsteroidal anti-inflammatories) after surgery.** These medications can cause stomach ulcers and bleeding. These include Advil, Aleve, Anaprox, Ansaid, Aspirin (including Excedrin and Bufferin), Cataflam, Celebrex, Clinoril, Daypro, Feldene, Ibuprophen (Motrin), Indocin, IndocinSR, Lodine, Lodine XL, Naprelan, Naprosyn/EC, Orudis, Oruvail, Relafen, Tolectin, Toradol, and Voltaren. Ask your doctor if you have any questions about NSAIDs.
- You are committed to work and follow up with your specialist and the weight loss team in order to be successful.

## Roux-en-Y Possible Contraindications

- Discuss with your surgeon if you have any of these.
- You have **inflammatory disease** of the gastrointestinal tract such as ulcers, Crohn's, ulcerative colitis.
- You have a **severe** heart or lung disease that makes you a high surgical risk.
- You have a problem that can cause **bleeding** in the esophagus or stomach such as esophageal or gastric varices (a dilated vein).
- You have portal or pulmonary hypertension.
- You have cirrhosis or chronic pancreatitis.
- You are **addicted** to alcohol or drugs.
- You have not stopped smoking.
- You are on **chronic**, long-term steroid treatment.
- **You cannot or do not want to follow the dietary rules that come with this procedure.**

## What to Bring to the Hospital

- Bring this book to review and write notes as needed.
- If you use CPAP or BiPAP at home, bring it along with a copy of your settings.
- Bring a list of your medications and allergies.
- Bring insurance cards.
- If you have a living will, advance directives, or durable power of attorney, bring a copy to be placed on your chart.
- Bring loose, comfortable clothing to wear for discharge.
- Hospital gowns will be provided as well as nonskid slippers.
- If you use a walker or cane, please bring it. Make sure it is labeled with your name fully visible.
- **ONLY** bring inhalers as instructed, not your other medications. Your regular daily medications will be ordered by your surgeon and given by the nursing staff as directed during your hospital stay.
- Personal items:
  - Bring your toothpaste and toothbrush.
  - Bring any special soaps, shampoo, or lotions that you use at home.
  - Bring books, magazines, DVDs, crossword puzzles, etc.
  - Bring your own pillow if you prefer. Please use a colored case so the hospital staff knows it is your pillow.
- Do not bring any valuables.
- Remove all jewelry including wedding bands and body piercings.

## Smoking

- **DO NOT SMOKE** or use chewing tobacco after surgery.
- The nicotine in tobacco has been linked as a cause of stomach ulcers, poor wound healing, and pulmonary, or lung, complications after surgery.
- If you are interested in information or resources to help you quit smoking, call the Ohio Quit Center at **1-800-QUIT-NOW (784-8669)**.



## Pregnancy

As a female patient, you should be aware that menstrual cycles may change post-operatively. With rapid weight loss, hormones held in fat cells are released. This may make menstrual cycles lighter, heavier, or more regular. There is a significant increase in risk of pregnancy.

**One month prior to surgery, an alternative birth control may be necessary.** We do not recommend birth control pills or a Depo-Provera shot. Though these are effective means of birth control, they have also been linked to clotting disorders and may increase your risk of developing deep vein thrombosis or pulmonary embolus. Speak to your OBGYN about alternative forms of birth control prior to surgery. An IUD may be recommended.

Post-operatively a follow up with your OBGYN may be needed for control of menstrual changes. We recommend you withhold from pregnancy for 1½ years post-operatively so that you may achieve the greatest benefit from your operation.

## Alcohol Facts

- We recommend **NO alcohol**, especially during the rapid weight loss period.
- Alcohol is high in calories and sugar and may interfere with your weight loss efforts. There is no nutritional value in alcohol.
- Alcohol lowers nutritional absorption.
- If you choose to drink, limit your intake and **DO NOT** drink on an empty stomach.
- Less alcohol will affect you more quickly.
- Alcohol is a depressant. Alcohol slows your motor reflexes and clouds your judgment.
- Alcohol may interact with certain medications. This can be fatal!
- Be aware that there is a high rate of **cross addiction** among bariatric patients. **Cross addiction** can be defined as trading one destructive behavior for another, i.e, food for alcohol, sex, drugs, gambling, shopping, or excessive exercise.
- **DON'T DRINK AND DRIVE** or operate heavy machinery!

## Before Surgery

- Please discuss the use of **blood thinners** with your surgeon. You may be asked to stop these 7-10 days before surgery.
- Check with your physician about any over-the-counter medications or herbal supplements. Do not take any of your own medication while you are in the hospital.
- Report any signs or symptoms of an upper respiratory problem such as a fever (temperature greater than 101) or an infection that occurs two weeks prior to surgery. If you have any of the above, call your surgeon's office to inform them of your symptoms.
- The day before surgery, your surgeon requests you have a clear liquid diet after 2 p.m. You may continue to have clear liquids until midnight. Clear liquids include clear broth (chicken, beef, or vegetable), gelatin, popsicles, zero-calorie sports drinks, and decaf coffee/tea without cream. **Be sure to drink plenty of fluids during this time.**
- **Do not eat or drink anything after midnight the night before surgery or the morning of surgery.**



**Drinking and driving is *never* an option.**

## The Day of Surgery

- Please take the following medications with a sip of water on the morning of your surgery: **blood pressure (DO NOT take Lisinopril), heart, seizure, ulcer/reflux (no liquid or tablet antacids), and breathing medications.**
  - **Do not take diuretics a day before surgery or diabetes medications** on the day of surgery unless specifically instructed by the physician.
  - Report to Registration on the main floor for check-in.
  - Then you will proceed to the Preoperative department.
  - Your family or significant other may stay with you in the preoperative area until it is time for your procedure.
  - The anesthesiologist will speak with you the morning of surgery. Be sure to inform him or her if you have had any problems with anesthesia in the past or side effects of pain or nausea medications.
  - Your family or significant other will wait in the surgery waiting area. After surgery the physician will come out to the waiting room to inform your family of your condition. A volunteer will keep your family updated on any significant changes. If they leave the area, they should be sure to notify the individual at the desk.
- Surgery times vary; however, your surgery should take approximately one and a half to two hours if done laparoscopically, and a little longer if you should require an open procedure.
  - When the surgeon gives your family or significant other a report on the surgery, they will know you are in the recovery room.
  - You will remain in the recovery room for one to two hours.
  - After recovery you will be transported to the bariatric unit where you will continue to recover until discharge.
  - Individual medical conditions or surgical concerns may require that you be transferred to the Intensive Care Unit (ICU) for recovery.



## 2 Perioperative Information

## Pain Control

- Pain is managed with IV and oral pain medication.
- Ice packs may also be used for pain relief at incision sites. Ice helps reduce swelling, inflammation, and the pain sensation.
- **It is your responsibility to help us manage your pain.**
- **Remember you will not be totally pain free;** however, your pain should be manageable.
- All medications may cause some side effects. Notify your nurse if you experience nausea, difficulty urinating, excessive sleepiness, or itching.

## Nausea

- You **MUST** let your nurse know when you are experiencing nausea.
- Nausea is expected in patients who have had stomach surgery.
- You will be given nausea medication through your IV.
- Initially your nausea may be due to anesthesia or pain medication.
- Other reasons for nausea include eating too fast, eating too much, or eating food that just doesn't agree with you.
- The key to pain and nausea control is communication with your surgeon and nurse.

## Bladder and Bowel

- A urinary catheter **may** be placed during your surgery.
- The catheter is usually removed the morning after surgery.
- Bowel function returns 48-72 hours after surgery. Your stools may be liquid at first. Your first few bowel movements may be dark red or black. This is because we have been working in the intestines and blood sometimes settles inside and passes out with your bowel movement. Do not be alarmed; however, if this continues and becomes frequent, please contact your physician.
- Your stool may not begin to take form until several weeks after your surgery
- You may not have a bowel movement every day.
- You do not have to have a bowel movement prior to being discharged from the hospital.
- If you feel that you are constipated, you may take a laxative such as Metamucil, Milk of Magnesia, Miralax, or a Dulcolax suppository.

## Oxygen/Cough and Deep Breath

- A **pulse oximeter** will measure your oxygen level. A small plastic clip or tape containing a small sensor will be placed on your finger.
- After surgery you will be given oxygen through a nasal cannula (tubing that goes through your nose). This will be removed when you no longer need it.



- As soon as you are awake, you will be asked to cough and take deep breaths frequently.
- Use a pillow to help you splint or support your incision when you cough to help keep your lungs clear. This should be done every one to two hours while awake to prevent pneumonia.
- You will be given an **incentive spirometer**. This will help you take effective, deep breaths. This also helps prevent pneumonia and keeps your lungs expanded to prevent atelectasis (tiny areas of lung collapse). **This should be done 10 times an hour while awake.**
- A respiratory therapist or your nurse will give you instructions on how to use the incentive spirometer.
- Remember, once you are shown how to cough, deep breathe, and use your incentive spirometer, it is your responsibility to do so.
- If you brought a CPAP or BiPAP machine to the hospital, it will be monitored by a respiratory therapist



### Activity: Walk, Walk, Walk

- You will be encouraged to walk three to four hours after arriving to your room, and several times throughout the evening. The nursing staff will assist you until you feel safe walking by yourself.
- The day after your surgery, you will walk 10-20 laps or more.
- Do not sit for long periods of time. The more you move the better you will feel. This will decrease your chances of complications.

### Anticoagulant

- Your doctor may order an anticoagulant (blood thinner) after surgery.
- Depending on your physician, this medication is usually given by injection once or twice a day with a small, short needle into subcutaneous, or soft, tissue under the skin.
- If your physician prescribes an anticoagulant for you to take at home following your surgery, your nurse will provide you with instructions.
- Sequential compression devices (SCDs), or foot pumps, help prevent phlebitis (inflammation of a vein) and blood clots. These foot pumps will be on while you are in bed or sitting up in the chair. Remove your SCDs before attempting to walk.
- You may also have TED hose or ACE wraps to aid in prevention of blood clots.



### Incision Care

- Your surgery may be done open or laparoscopically. If done open, you will have a mid-line abdominal incision. If done laparoscopically, you will have four to six small incisions.
- Incisions are closed with staples, sutures, and/or fibrin glue.

- You will be provided with an abdominal binder. This will help stabilize your incision and support your stomach muscles. This is for your comfort only. If it is uncomfortable, you do not have to wear it.



- When you get home, gently wash your incisions every day with soap and water and pat dry.
- Be sure your incision edges are healing together. If they open up, please see your surgeon.
- Please remove the clear plastic bandages after two days at home, or when directed by your surgeon.
- Do not apply any creams, ointments, or powders on the incisions.
- Notify your physician if your incision is red, hot, or draining foul smelling fluid or pus.

## JP Drain

- A clear, egg-shaped drain **may** be placed in your surgical incision at the time of surgery. This drain helps to collect the fluid that is inside your abdomen around your wound after surgery. When the drain is first put in place, the bulb at the end of the tube will be charged, or squeezed, to create gentle suction. As the fluid collects in the bulb, it will expand. Wash your hands before and after emptying the bulb. Empty the bulb two to three times a day. You may or may not have drainage, but be sure your bulb is recharged daily. If you have drainage, the color should be light pink to red. If you see any other color such as tan, green, or coffee ground color, or food particles in the JP drain, notify your physician immediately.
- The drain is removed at the decision of your surgeon. There will be a small hole in your skin that may drain some at home. This is normal and



can be covered with a light, dry dressing to collect the draining fluid. If the area where the drain used to be becomes red or hot, or if the drainage changes color or thickness, please notify your surgeon as you may have developed an infection.



## Complications and Adverse Effects

### Complications that need immediate attention—call 911

- Always attempt to call your surgeon first to discuss. If you are unable to reach your surgeon, go directly to the emergency room or call 911.
- **Pulmonary embolism**—blood clot to the lung. Signs and symptoms include sudden or unusual increased shortness of breath, restlessness, anxious, feeling like something just isn't right, impending feeling of doom.
- **Anastomotic leak**—staple line breakdown where the pouch and the small bowel are connected. Signs and symptoms include rapid heart rate; heart feels like it is racing to about 120 beats per minute; left-sided chest pain or pain between shoulder blades; and chronic hiccups. Change in JP drainage color from red or pink to tan, green, coffee ground color, or food particles in JP drain.

### Complications to call surgeon

- Deep vein thrombosis (DVT)—pain or tenderness in the leg (usually the calf, but can be anywhere), leg is hot, red, or swollen.
- Infection—redness, warmth, red streaks, drainage, fever greater than 101.4.
- Wound dehiscence—incision looks like it is splitting apart.
- Urinary tract infection—sensation of burning upon urination, urgency, or bladder does not feel empty after urinating.
- Excessive and severe nausea or vomiting—may lead to dehydration. Some nausea and vomiting is to be expected after surgery.

- Severe abdominal distention/rigidity.
- Postoperative bleed—bright blood in the stool, JP drain, bleeding from incisions, vomiting blood.

### Other complications

- Incisional hernia—an out-pouching of abdominal structures through the incision.
- Gastritis—irritation of the pouch.
- Cholelithiasis—gallstones.
- Ulcers—due to use of **NSAIDs, smoking, alcohol**.
- Adhesions or scar tissue from abdominal surgery.
- Stenosis or edema of the anastomosis—swelling or narrowing of the opening between the stomach and the small intestine.
- Blockage—food or large pills block opening into stomach.
- Protein malnutrition—signs include extreme fatigue, brittle nails, poor healing, edema, and loss of hair. Hair thinning peaks in four to six months, comes back in time. You may take biotin to help prevent hair loss.
- Anemia—signs include fatigue, washed out feeling, pale skin color, gums, and mucous membranes (the inside of your mouth, nose, or eyes) may look pale.
- Dehydration—signs include dry mouth, low and dark urine output, fatigue, poor skin turgor, lethargy, weakness, and dizziness.



# 3 Discharge to Home

## Personal Care

- Your hospital stay varies but usually lasts one to two days.
- Be sure you have a reliable adult to take you home after your surgery and to stay with you for the first few days.
- You will follow up with your surgeon in one week.
- You may shower 24 hours after your surgery.
- No tub baths, saunas, hot tubs, tanning beds, or swimming until instructed by your surgeon.
- **No lifting more than 10 pounds for two to four weeks based on surgeon preference.** A gallon of milk is eight pounds.
- You may climb stairs. If you get tired, stop and rest between.
- You may drive again after your first follow-up appointment when your drain is removed and you're able to steer and wear a seat belt comfortably.
- Sex is okay when you feel up to it. Use some form of birth control for the first 18 months, due to increased fertility and possible pregnancy.

## Medications

- Crush pills that are larger than the size of a dime. **Do not crush extended-release tablets or capsules. Do not crush narcotics. If you have a question about crushing your medication, consult your pharmacist.**

## Nutrition

- **Fluids:** Drink **64 ounces** of fluids per day. This is the minimum and your first priority, if nauseated.



- **Protein: 70-100 grams/day** (70-85 for most women and 80-100 for most men). This is the minimum and your second priority, if nauseated.
- **Take your VITAMINS. Once nausea is controlled, taking vitamins every day is of utmost importance.**
- **Keep a diary of your fluids, protein, and vitamin intake.** This will help you keep track of your total intake. You may use a phone app, spreadsheet, journal pad, or make copies of the journal in the back of this book.
- Your surgeon and dietitian want you to report your daily fluid and protein intake at every follow-up appointment to monitor your nutrition and health.

## Exercise

- Exercise at least 30 minutes a day. Limit this to walking until your follow-up appointment.

**Keep your follow-up appointments with your surgeon forever. You will receive reminders for your follow-up appointments with Kettering Weight Loss Solutions. Long term follow-up is the key to success!**



# 4 Diet and Nutrition

# Vitamins and Minerals

Your shopping list prior to surgery **must** include vitamins, minerals, and protein supplements. **Please purchase your vitamins, minerals, and some protein supplements BEFORE surgery.** However, do not buy a large supply of any one product in case your tastes change after surgery.

**Vitamins and minerals are to be taken for the rest of your life.** This is your responsibility.

You may choose one of the following three options:

## Option 1

- 2 Multivitamin chewables with at least 18mg iron per tablet
- 3 Calcium citrate with Vitamin D3  
Calcium carbonate, as second choice  
Total = 1500-2000mg chewable per day
- 1 B12, oral or sublingual (under the tongue), daily 500mcg
- 1 B Complex, daily  
Biotin, 1000mcg, daily (optional)

## Option 2

- 1 Opurity vitamin, daily
- 3 Calcium, daily
- 1 Iron, 18mg, daily

## Option 3

- 4 Fusion vitamins
- 1 Calcium

## Option 4

Vitamin Patches, [PatchMD.com](http://PatchMD.com)

- Please use chewable vitamins for two to three months.
- Make sure medications are smaller than a dime for two to three months after surgery or until you can tolerate meat without difficulty.
- Start taking your vitamins once you are discharged from the hospital and your nausea is controlled.
- Do not take more than 600mg calcium at one time.
- Do not mix multivitamin containing iron with calcium supplements (take two hours apart).
- Avoid time-released supplements.
- Avoid enteric/shiny coatings.

**Contact the Kettering Health Network registered dietitian at (937) 433-5957 with questions.**

# Protein Supplements

## Whey Protein Concentrate READY TO DRINK

Product	Flavor	Protein Content	Where to Purchase
Premier Protein	Chocolate, Strawberry, Vanilla, Banana, Caramel	30 grams per 11 oz	Sam's, Costco, Kroger, Walmart, other stores
Muscle Milk or Muscle Milk Light	Many flavors	Wide range of protein content. Read labels.	Kroger, Walmart, gas stations, other stores
Pure Protein	Many flavors	23 grams	Kroger, Walmart, Target, other stores
Syntrax Nectar	Many flavors	23 grams	<a href="http://www.syntrax.com">www.syntrax.com</a> <a href="http://www.vitacost.com">www.vitacost.com</a>

## Whey Protein Isolate POWDERS

Product	Flavor	Protein Content	Where to Purchase
Genepro	Unflavored	30 grams per scoop	<a href="http://www.gnc.com">www.gnc.com</a> <a href="http://www.amazon.com">www.amazon.com</a>
Unjury	Chocolate, Strawberry, Vanilla, Chicken soup	20 grams per scoop	<a href="http://www.unjury.com">www.unjury.com</a> Sycamore, Kettering, Grandview hospital gift shops
Celebrate ENS 4 in 1 Protein	Many flavors	25 grams per scoop	<a href="http://www.celebratevitamins.com">www.celebratevitamins.com</a>
Jay Robb Protein Powder	Unflavored and flavored	24 grams for egg 26 grams for whey	Kroger, Walmart, GNC, other stores
Body Fortress	Many flavors	25 grams per scoop	Kroger, Walmart, other stores
Walmart Whey Protein generic	Many flavors	25 grams per scoop	Walmart
Meijer Whey Protein generic	Many flavors	25 grams per scoop	Meijer
Isopure	Many flavors	25 grams per scoop	GNC, health foods stores, <a href="http://www.amazon.com">www.amazon.com</a>

- Whey protein isolate is best. It is 100% complete protein and absorbs fast. It is usually very low in lactose or lactose free.
- Whey protein concentrate is okay. It is 100% complete protein and is absorbed slower. It may contain up to 50% lactose. Comes as a powder or in a ready-to-drink container.

# Grocery/Pantry List

Please purchase your pantry items BEFORE surgery. You may want to wait to purchase “soft diet” options that have an expiration date as you will remain on a full-liquid diet for at least one week.

This is for your **liquid diet**:

- Skim or 1% milk
- Lactaid, almond or soy milk
- Light, smooth yogurts
- Low- or no-sugar protein drinks**
- Sugar-free pudding
- Cream soups (strain or blend)
- Broth or bouillon
- Plain cream of wheat (or mixed with protein powder)
- Plain grits (or mixed with protein powder)
- Sugar-free, non-carbonated drinks
- Diet V-8 Splash
- Tomato juice or V-8 juice
- Sugar-free popsicles
- Sugar-free fudgsicles
- Sugar-free JELL-O
- Nonfat dry milk
- Sugar substitute

This is for your **soft diet**:

- Applesauce (no added sugar)
- Canned chicken (canned in water)
- Canned tuna (canned in water)
- Plain oatmeal (or mixed with protein powder)
- Low-fat cottage cheese
- Fat-free refried beans
- Liquid egg substitutes
- Eggs, scrambled with cheese
- May also use anything from full liquid phase of diet

**Don't forget:**

- Chewable vitamins/minerals
- Small plates
- 4 ounce bowls
- 4 ounce cups
- Toddler utensils
- Water bottle
- Measuring cups and spoons

**You may also want to pick up:**

- Gas-X strips/chewables
- Miralax or Milk of Magnesium

# Goals Prior to Weight Loss Surgery

Making lifestyle changes along with bariatric surgery will help you reach your weight loss goals. Your surgery is only part of your weight loss journey. **Your success will depend on your lifestyle choices and behaviors.** To help you reach your goals and desired weight loss, practice these behaviors *before and after surgery*.

- **Eat Slowly.** Plan 20-30 minutes for each meal. Put food or utensils down in between bites.
- **Take small bites and CHEW, CHEW, CHEW.** Cut food into small, bite-size pieces. Chew food to an applesauce consistency.
- **Practice portion control.** Use smaller plates, which will make your portions appear larger.
- **Plan three small, protein and vegetable meals with one to two planned protein snacks.** Eating regular **high-protein** meals and snacks will help you stay fuller throughout the day. It will minimize overeating and over consuming of calories, which will prevent weight gain.
- **Eat protein foods first.** Eating protein first will help you stay fuller longer. It will also help you reach your protein intake goals, which will prevent muscle loss.
- **Count protein grams each day.** Eating enough protein will help prevent muscle and hair loss and may help sustain your energy. Aim for 70-100 grams per day (women 70-85 grams, men 80-100 grams). Rule of thumb: 1 oz. of protein food = 7 grams of protein. Looks like 2 fingers.
- **Wait 5 minutes before and 30 minutes after eating to drink fluids.** Doing this helps you eat smaller portions and keeps you fuller longer. Drinking with your meals may FLUSH the food through too quickly and cause weight regain.
- **Sip calorie-free, non-carbonated beverages in between meals.** Aim for 64 oz. per day minimum. **Sip, Sip, Sip.**
- **Avoid high-sugar food. Never drink sugary beverages.** Choose sugar-free and no-sugar-added options. Try artificial sweeteners.
- **Avoid fried foods.** Avoid fatty meats, highly processed meats, and heavy, butter sauces. Choose lower fat options.
- **Avoid high-calorie snacks.** Choose protein snacks. High-calorie snacks, such as chips and cookies, may lead to weight gain.
- **Limit eating out to no more than two times per week. Choose healthy protein and vegetable menu items.** Salads are also good options, but top them with protein and keep dressings on the side.
- **Practice reading labels.** When comparing foods, look for **higher-protein, lower-sugar options**. Limit sugar to no more than **5-7 grams** per serving.
- **Take your vitamins and minerals daily.** Caffeine may block absorption, so do not drink caffeinated beverages while you take iron or calcium.
- **Attend as many bariatric support groups meetings as possible to meet and learn from others who have been through bariatric surgery.**

# Your Diet After Surgery

We have developed this section to help guide you in your daily food choices. Paying close attention to what you can eat at each phase of your diet can help you avoid complications after surgery and help you achieve the weight loss you desire. We hope you find the following information helpful as you start your journey to a healthier and happier YOU!

## After Surgery

- You can become dehydrated if you do not drink enough fluids. Do not wait until you are thirsty to drink.
- Sip fluids often. Your goal is 2-3 ounces or ¼–½ cup every half hour.
- If you feel pain, fullness, or nausea, STOP drinking and try again in a few minutes.
- **NO carbonation or straws** after surgery to prevent pain and discomfort.
- You will be able to eat very little food after surgery. You may only be able to eat 1-2 teaspoons or tablespoons at first.
- You will progress to ¼–½ cup.
- Eat slowly. Take 20-30 minutes to eat meals.
- After surgery you will be allowed to have a small amount of ice chips.
- Your first meal in the hospital will be clear liquids. You do not have to eat all the food on your tray.
- Remember to stop at the first sign of fullness.

## Clear Liquid Diet

- You are usually on a clear liquid diet while in the hospital, but you may be advanced to the next diet phase by your surgeon.
- **Foods/beverages allowed:** UNJURY chicken broth, high-protein waters such as Isopure and Premier Protein Clear, high-protein gelatin, broth, sugar-free gelatin, sugar-free popsicles, Propel, Crystal Light, Vitamin Water Zero, Powerade Zero, Minute Maid Light, water, and 100% fruit juice.
- **Once you progress past the clear liquid phase, we recommend you limit juices to ½ cup per day, diluted in half with water to make 1 cup.**

## How to Measure Fluids

### Foods that can be counted as liquid:

- Protein shakes
- Gelatin
- Ice
- Popsicles
- Soup

### Measurement conversions:

- 1 ounce = 2 Tbsp = ⅛ cup
- 2 ounces = 4 Tbsp = ¼ cup
- 3 ounces = 6 Tbsp = ⅓ cup
- 4 ounces = 8 Tbsp = ½ cup
- 6 ounces = 3/4 cup
- 8 ounces = 1 cup
- 16 ounces = 2 cups
- 64 ounces = 8 cups

# Full Liquid Diet

- You may be advanced to the full liquid diet on the second day after surgery.
- These foods should be smooth in consistency, and they may be strained or blended if needed.
- **Try to drink two protein shakes daily on this part of your diet.**
- Drink sugar-free beverages and water to stay hydrated.
- Remember, no more than ½ cup of juice daily, diluted with water to make one cup.
- All liquids can be added toward your daily 64 oz. goal.
- You do not have to wait 30 minutes following “meals” to drink during this stage of diet.

## Foods/Beverages allowed:

- **High-protein foods (consume these first):** Protein shakes, low-sugar yogurt/Greek yogurt/yogurt smoothie, UNJURY chicken soup, 1% milk, skim milk, Carbmaster milk, Silk soymilk, or almond milk.
- **Low-protein foods (limit these):** tomato/cream soups made with low-fat milk, V-8 juice, sugar-free pudding, thinned Cream of Wheat and grits. You may add flavored/unflavored protein powder to any of these.

## Menu I

Breakfast	Lunch	Dinner
Greek yogurt	UNJURY chicken soup	Greek yogurt
Morning Snack	Afternoon Snack	Evening Snack
Protein shake	Protein shake	Protein shake

## Menu II

Breakfast	Lunch	Dinner
Thinned cream of wheat with protein powder	UNJURY chicken soup	Greek yogurt
Morning Snack	Afternoon Snack	Evening Snack
Greek yogurt	Protein shake	Greek yogurt

## Menu III

Breakfast	Lunch	Dinner
Protein shake	UNJURY soup	UNJURY soup
Morning Snack	Afternoon Snack	Evening Snack
Greek yogurt	Protein shake	Protein shake

- **Count fluid and protein intake daily.**
- **Protein goal:**
  - **Women: 70-85 grams per day**
  - **Men: 80-100 grams per day**

## Bariatric Soft Protein Diet (fork-mashable)

- Usually at your first follow-up appointment, your surgeon will talk to you about diet progression, or changes.
- **Remember to stop drinking five minutes before, during, and for 30 minutes after meals.** Drinking with your meals pushes your food through quicker, causing you to be hungry.
- **Stay on this phase until you're meeting your fluid and protein goals daily.**
- **Portion sizes are approximate.**
- **Soft protein foods become your focus, and shakes will be used less as protein totals improve each day.**
- **Use high-protein liquids as needed to meet your daily goals.**

### Foods/beverages allowed:

- **High-protein foods:** eggs, low-fat cheese/cottage cheese, low-fat string cheese, low-fat yogurt, canned chicken, canned tuna, canned salmon, hummus, tofu, or fat-free refried beans.

### Menu I

Breakfast	Lunch	Dinner
1 scrambled egg with low-fat cheese	2 oz. canned tuna with light mayo	2 oz. canned chicken with light mayo
Morning Snack	Afternoon Snack	Evening Snack
Protein shake	Protein shake	¼ cup cottage cheese

### Menu II

Breakfast	Lunch	Dinner
Greek yogurt	2 oz. canned chicken	2 oz. moist pork loin
Morning Snack	Afternoon Snack	Evening Snack
¼ cup cottage cheese	Protein shake	Protein shake

### Menu III

Breakfast	Lunch	Dinner
Egg salad	2 oz. canned tuna with light mayo	Meat and bean chili
Morning Snack	Afternoon Snack	Evening Snack
Cheese stick	¼ cup cottage cheese	Protein shake

- **Count fluid and protein intake daily.**
- **Protein goal:**
  - **Women: 70-85 grams per day**
  - **Men: 80-100 grams per day**

# Bariatric Soft Protein and Produce Diet (fork-mashable)

- Begin this diet once you are able to meet daily protein goals.
- **Remember to stop drinking five minutes before, during, and for 30 minutes after meals.** Drinking with your meals pushes your food through quicker, causing you to be hungry.
- **Portion sizes are approximate**
- **Continue to use high protein liquids as needed to meet daily goals.**

## Foods/beverages allowed:

- **High-protein foods (consume these first):** eggs, low-fat cottage cheese, low-fat string cheese, low-fat yogurt, canned chicken, canned tuna, canned salmon, hummus, tofu, or fat-free refried beans.
- **Low-protein foods (limit these):** oatmeal, Cream of Wheat, sweet potato, no sugar-added canned fruit, banana, no sugar-added applesauce, well-cooked vegetables.

## Menu I

Breakfast	Lunch	Dinner
1 scrambled egg with low fat cheese	2 oz. canned tuna with light mayo, steamed broccoli	Baked fish, green beans
Morning Snack	Afternoon Snack	Evening Snack
Greek yogurt	Cottage cheese with no-sugar-added soft canned fruit/applesauce	String cheese

## Menu II

Breakfast	Lunch	Dinner
Greek yogurt	Bean soup with vegetables	Baked chicken, cauliflower
Morning Snack	Afternoon Snack	Evening Snack
String cheese, banana	Cottage cheese	Protein shake

## Menu III

Breakfast	Lunch	Dinner
Cottage cheese with fruit	Chicken salad and cucumbers	Pork tenderloin with cooked carrots
Morning Snack	Afternoon Snack	Evening Snack
Protein shake	String cheese	Greek yogurt

- **Count fluid and protein intake daily.**
- **Protein goal:**
  - **Women: 70-85 grams per day**
  - **Men: 80-100 grams per day**

# Bariatric Regular Protein and Produce Diet (fork-mashable)

- Begin this diet after advanced by surgeon.
- **Remember to stop drinking five minutes before, during, and for 30 minutes after meals.**
- **Portion sizes are approximate**
- **Continue to use high protein liquids as needed to meet daily goals.**
- **Never eat more than 1 cup of food at mealtime.**

## Foods/beverages allowed:

- **High-protein foods (consume these first):** lean meats, chicken, fish, eggs, low fat cheese, yogurt
- **Low protein foods (limit these):** fruits and vegetables, sweet potato, quinoa, couscous

## Menu I

Breakfast	Lunch	Dinner
Egg with low-fat cheese, banana	Fish/chicken, lettuce, diced onion and peppers, 1 tbsp. low-fat dressing	Meat/chicken/fish, cooked vegetables, sweet potato
Morning Snack	Afternoon Snack	Evening Snack
		Low-fat cottage cheese

## Menu II

Breakfast	Lunch	Dinner
Greek yogurt, ½ grapefruit	Chicken salad with light mayo, sliced carrots and cucumber	Meat/chicken/fish, quinoa, cooked vegetable
Morning Snack	Afternoon Snack	Evening Snack
		Cheese stick and almonds

## Menu III

Breakfast	Lunch	Dinner
Egg, cheese and diced vegetable omelet	Grilled chicken on spinach leaves, 1 tbsp. low-fat dressing, 1 tbsp. sunflower seeds	Meat/chicken, fish, cooked vegetables, grapes
Morning Snack	Afternoon Snack	Evening Snack
		Cashews and apple

- **Count fluid and protein intake daily.**
- **Protein goal:**
  - **Women: 70-85 grams per day**
  - **Men: 80-100 grams per day**

# High-Protein, Low-Sugar, Low-Fat Diet

A high-protein, low-fat diet is suggested as a healthy eating plan long term. Any changes that you can make to your diet before surgery will help you to adjust to a lower-fat diet after surgery. Remember to eat your protein foods first, vegetables and fruits next. Focus on proteins and produce. Limit starches and fats, which are the last to add to your diet plan.

Food group	Foods Allowed	Foods to Omit/Limit
Protein and meats	Chicken and turkey without skin, fish, eggs, lamb, lean beef (round, loin), lean pork chops (loin, chops), turkey pepperoni, turkey sausage, turkey bacon, lunch meats that contain no more than 4 grams of fat per serving, low-fat cheese and cottage cheese	Fatty/highly marbled cuts of meat, deep-fried meats, deep-fried fish, deep-fried chicken, regular lunch meats, hot dogs, regular cheese, salami, pepperoni, sausage, bacon
Vegetables	Any vegetable tolerated except those on the omit list	Fried, scalloped, or creamed vegetables
Fruits	All fruits. Limit 100% fruit juice to 4 oz. daily diluted in ½ with water	None
Potatoes and Substitutes	Sweet potato, brown rice, whole-grain noodles, quinoa, couscous, small amount white potato	White potatoes, fried potatoes, French fries, potato chips, hash browns, scalloped potatoes
Breads/cereals (limit amounts)	Whole-grain or light enriched breads, flatbread, English muffins, cereals, cracker	Sweet rolls, donuts, pancakes, waffles, muffins, croissants, French toast
Beverages and Soups	Skim or 1% milk, almond or soy milk, low-fat buttermilk, sugar-free fluids, cream soups made with low-fat/almond milk, broth	Whole milk, chocolate milk, 2% milk, regular-fat cream soups
Fats (limit to 3 servings per day)	1 tsp. butter/margarine, 1 tsp. mayo/Miracle Whip, 1 tbsp. low-fat mayo/Miracle Whip, 1 tsp. oil, 1 tbsp. salad dressing, 2 tbsp. low-fat salad dressing, 2 tbsp. light cream, 1 tbsp. heavy cream, 6 small nuts, 10 small/5 large olives, 2 tbsp. coconut, ¼ avocado	Any fat in excess of 3 servings per day
Desserts	Sugar-free frozen yogurt, sugar-free pudding, low-fat sugar-free ice cream, sugar-free sorbet, sugar-free JELL-O	Cakes, cookies, brownies, pies, ice cream, donuts, custard, chocolate
Dining Out Foods	Grilled chicken, grilled beef, grilled meats, baked, non-breaded fish, steamed vegetables, low-fat chili	Fried foods, sandwich/sub breads, fried wings, French fries, pasta/noodles, pizza

## Tips for Eating Out

- **Plan ahead.**
- **Order half/children's/senior's portion.**
- **Avoid breaded, fried and creamed foods.**
- **Choose poached, roasted, broiled, steamed or stir-fried foods.**
- **Avoid high-calorie drinks, alcohol, cappuccinos, and flavored coffees.**
- **Caution at the salad bar! Dressings, toppings, and creamy salads are high in calories.**
- **Avoid the bread basket.**
- **Get a "to go" box at the beginning of your meal.**
- **Share a meal.**

## Quick Tips for You to Hang on Your Refrigerator Door

- ✓ Drink **64 oz.** of fluid daily. Try to drink 20 oz. of fluid between meals and snacks.
- ✓ Consume **70-100 grams** of protein daily.
- ✓ Take vitamin supplements daily.
- ✓ No straws.
- ✓ No carbonated beverages.
- ✓ Do not eat and drink at the same time.
- ✓ Stop drinking **5** minutes before and do not drink for **30** minutes after meals.  
Drinking with meals will push the food through too fast.
- ✓ Stop eating at the first sign of fullness.
- ✓ Introduce new foods one at a time.
- ✓ Fresh fruits and raw vegetables may be added after the your surgeon says you may start the regular diet.
- ✓ Read food labels.
- ✓ Remember **no more than 5-7 grams** of sugar per serving.
- ✓ The best choices are good quality foods.
- ✓ Eat your protein first.
- ✓ Eat slow; chew to applesauce consistency.
- ✓ Sip! Don't gulp.
- ✓ Walk! Walk! Walk!

**Please make a copy of this page for your supportive family and friends so they understand your new lifestyle.**

## Protein Content of Foods

Food	Portion Size	Protein Grams
<b>Cheese</b>		
2% American	1 ounce	7 grams
Low-fat cottage cheese	¼ cup	7 grams
Mozzarella string cheese	1 stick	8 grams
<b>Milk</b>		
Skim/fat-free milk	½ cup (4 ounces)	4 grams
Soy milk	½ cup (4 ounces)	3 grams
Low-fat yogurt	½ cup (4 ounces)	4 grams
<b>Egg</b>		
Egg whole	1 large	6 grams
<b>Beef</b>		
Beef, eye of round	1 ounce	7 grams
Lean ground beef	1 ounce	7 grams
Liver	1 ounce	6 grams
Sirloin	1 ounce	6 grams
<b>Poultry</b>		
Chicken, white breast meat, no skin	1 ounce	9 grams
Chicken, leg, no skin	1 ounce	8 grams
Chicken, thigh, no skin	1 ounce	7 grams
Turkey, lunch meat	1 ounce	5 grams
Turkey, white meat	1 ounce	7 grams
<b>Pork</b>		
Ham, lean boneless	1 ounce	6 grams
Ham, lean lunch meat	1 ounce	6 grams
Pork, loin chop	1 ounce	8 grams
Pork, tenderloin	1 ounce	8 grams

## Protein Content of Foods

Food	Portion Size	Protein Grams
<b>Seafood</b>		
Crab, steamed	1 ounce	6 grams
Imitation crab	1 ounce	4 grams
Salmon, baked	1 ounce	8 grams
Shrimp, steamed	4 jumbo	12 grams
Tilapia, baked	1 ounce	7 grams
Tuna, packed in water	1 ounce	7 grams
<b>Beans, Nuts, and Seeds</b>		
Almonds	1 ounce (approx. 22)	6 grams
Cashews, dry roasted	1 ounce (approx. 18 whole)	4 grams
Chickpeas	¼ cup	3 grams
Kidney beans	¼ cup	4 grams
Peanut butter, creamy	1 tablespoon	4 grams
Peanuts, dry roasted	¼ cup	9 grams
Pistachios, dry roasted	1 ounce (approx. 49 kernels)	6 grams
Soybeans, green, edamame	½ cup	11 grams
Soy nuts, dry roasted	¼ cup	17 grams
Sunflower seeds	¼ cup	6 grams



# 5 Emotional Aspect of Weight Loss

## What to Expect

- A change in body image.
- A change in feelings about yourself, your body and your life.
- Changes can seem overwhelming.
- Everyone's experience through this weight loss journey is different.
- **The pre-surgical evaluation process is only the beginning of your relationship with weight loss surgery. If at any time you feel you need help making a physical or emotional adjustment to weight loss we are here to help you every step of the way.**

## Body Image

- After the rapid weight loss following surgery, your body may seem unfamiliar to you.
- You may not recognize yourself, feeling like you are walking around in someone else's body.
- If you were obese as a child, you may never recall a time in your life when you considered yourself thin.
- If your weight gain began in adulthood, this change will likely feel less drastic, but you can still expect some adjustment to your new body.

## Depression

Depression after weight loss surgery is not uncommon and can occur for several reasons including:

- People may miss eating (food grief), or they miss the freedom of eating when and what they want.
- Feelings of regret, such as thoughts like, "What have I done to myself?" This is especially true if there were complications in the procedure or healing process.
- Feelings of disappointment, especially if the preoperative expectations were not met. Everyone expects to lose weight, but they may expect to feel happier, have more energy, and be able to do more things that they could not do before. While this is possible, these things do not always happen on their own.

## Medications

- **DO NOT** stop taking any medications for anxiety, depression, or other mental health conditions without talking to your doctor first.
- Some medications for anxiety, depression, or other mental health conditions may have side effects on your appetite and/or weight loss. Please ask your doctor and/or pharmacist if you have questions about medication side effects.
- **After talking with your doctor, you may need to change medications to reduce side effects after bariatric surgery.**

## Coping Style Adjustment

- Some people use food as a way to cope with stress, boredom, or in social gatherings.  
**The stress in your life will not disappear when the weight disappears.**
- In the early postoperative period, feeling many different emotions and having crying episodes may be normal.
- Develop a hobby or interest that already exists. Renew social relationships that have been neglected for a while. Consider combining an activity (walking, aerobics, fitness, etc.) with socializing.
- Food is not off limits. It just takes a back seat to new hobbies and activities.

## Relationship Adjustment

- Any change in a relationship, good or bad, can cause disruption.
- Family and friends will have a variety of reactions to your surgery and weight loss, some positive, some negative.
- Losing weight can disrupt friendships. You are changing daily and you may find your friends are unable to accept or adjust to these changes. Some may even be jealous of your weight loss or success.
- Because your partner has become adjusted to you and your obesity, they may be resistant to change. This may take the form of disagreements, mood swings, or refusal to support your dietary or other restrictions.

- Your spouse may have feelings of insecurity due to your weight loss. Maybe you were your partner's excuse for overeating. They may feel guilty about their own eating behaviors and want to pass that guilt onto you in the form of blame.
- If you were the caretaker of the family and your new focus is on your own needs, your partner and family may have feelings of insecurity and resentment.
- Everyone, including yourself, has expectations concerning your increased energy and activity. Because of the increase, your partner and friends may have high expectations that are often unrealistic.

## Divorce

- The divorce rate is high among couples in which a partner has had weight loss surgery.
- The self-confidence that the patient gains with weight loss can make a partner feel insecure or jealous.
- Interests and priorities can change.
- Flexibility is important, and sometimes professional counseling is needed.

## Where to Find Support

### Group Meetings:

- Open to patients who have had weight loss surgery and their support persons.
- Meet regularly. For support group meeting dates and times, call us at **(937) 433-5957** or visit [ketteringhealth.org/weightloss/support](http://ketteringhealth.org/weightloss/support).
- They also include a group leader who is a professional, such as a nurse, psychologist, or counselor.
- Provide support, education, and problem-solving ideas.
- Are a great opportunity to make new friends and be with others who are experiencing the same things you are experiencing.
- **Studies have shown that patients who attend regular support group meetings have more successful long-term weight loss and mental adjustment.**

### Counseling:

- Do not hesitate to request counseling! Occasionally, personal adjustment or relationship problems will occur or may continue after surgery. Professional counseling can be a positive step toward a healthier adjustment. We can help recommend counselors who are qualified and experienced in working with people who have had weight loss surgery.

**Please contact Kettering Weight Loss Solutions at (937) 433-5957 for assistance.**





# 6 Fitness and You

## Why Is Exercise Important?

- Regular exercise is an important component of a healthy lifestyle.
- Physical activity increases your fitness level and your capacity for exercise.
- Benefits of regular exercise may be seen without losing weight.
- Exercise can help prevent cardiovascular disease.
- **Exercise may reduce or eliminate some of the following risk factors:**
  - High blood pressure.
  - Alcohol, tobacco, and drug use.
  - Low levels of HDL cholesterol.
  - High triglyceride levels.
  - Diabetes.
  - Obesity.

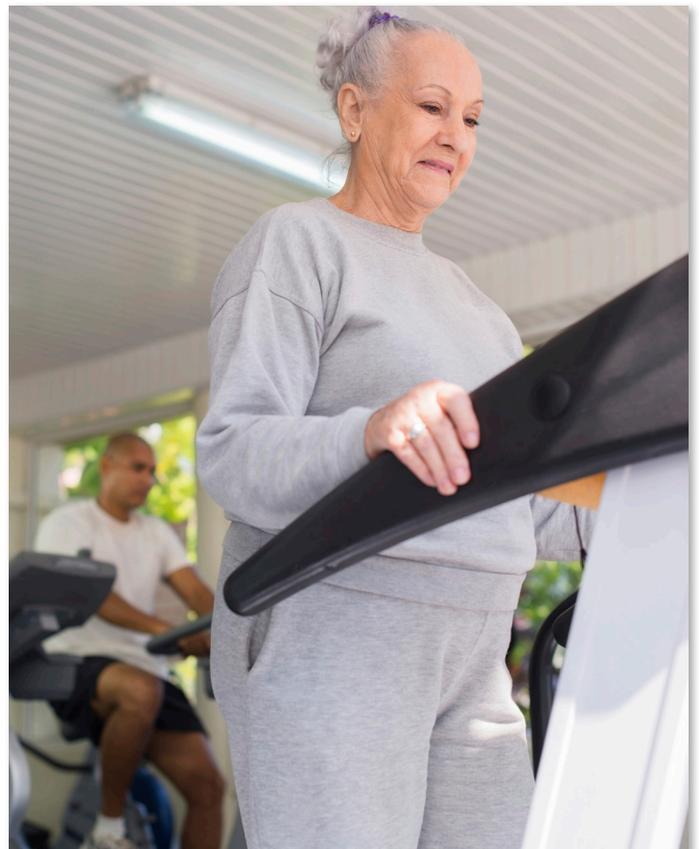
## How Often Should You Exercise?

- The Surgeon General recommends 30-60 minutes of physical activity on most days of the week.
- Weight loss surgery minimum recommendations are at least 3 days per week and at least 30 minutes per session. Thirty minutes may be broken up throughout the day.
- Exercise program should include cardiovascular training and resistance training.

## What Should My Exercise Program Include?

- **Cardiovascular training**
  - May be done every day of the week.
  - Training of the heart and lungs.
  - Based on the body's ability to use oxygen

- Benefits include decreased resting heart rate, increased cardiac output, decreased blood pressure, and decreased risk of cardiovascular disease.
- Examples of cardiovascular exercise include biking, walking, swimming, running, and any sports activity.
- **Resistance training**
  - May be done two to three times per week.
  - Specific muscles are trained against resistance.
  - Resistance training examples include free weights, weight machines, bands, and medicine balls.
  - Benefits include increased muscle strength and endurance, increased bone strength, decreased body fat percentage, and decreased risk for cardiovascular disease.



## Exercise Tips

- Do something fun.
- Exercise with a partner or a class.
- Be consistent. Consistency is the most important piece of an exercise program.
- Listen to music.
- Start slow and progress to more vigorous activity.
- Keep an exercise journal.
- Use the internet as a resource for fitness tips and exercise journals.
- Choose indoor and outdoor activities that you enjoy.
- Include a variety of activities to avoid boredom.
- Schedule exercise time the same way you do other appointments.

## Surgeon General's Report on Exercise

According to the Surgeon General, exercise helps to:

- Reduce the risk of premature death.
- Reduce the risk of heart disease.
- Reduce the risk of developing diabetes.
- Reduce the risk of developing colon cancer.
- Reduce the risk of developing high blood pressure.
- Build and maintain healthy bones, muscles, and joints.
- Reduce feelings of depression and anxiety.
- Reduce digestion complications.

## Follow-Up Appointments

- Don't forget your follow-up appointments with the exercise physiologist.
- Follow-up appointments allow you to tell us about your current exercise program.
- The exercise physiologist will work with you to design a custom exercise program that meets your needs.



## Your Pulse and Your Target Heart Rate

- Your pulse is the number of times your heart beats in one minute.
- Your pulse is lower at rest and increases when you exercise.
- Knowing how to take your pulse can help you evaluate your exercise program.

## How to Take Your Pulse

1. Place the tips of your index, second, and third fingers on the palm side of your wrist, below the base of the thumb. Or place the tips of your index and second fingers on your lower neck, on either side of your windpipe.
2. Press lightly with your fingers until you feel the pulsing beneath your fingers. You may have to move your fingers up and down until you feel the pulsing.
3. Count the beats you feel for 10 seconds. Multiply this number by six, or count for a full minute without multiplying to get your heart rate.

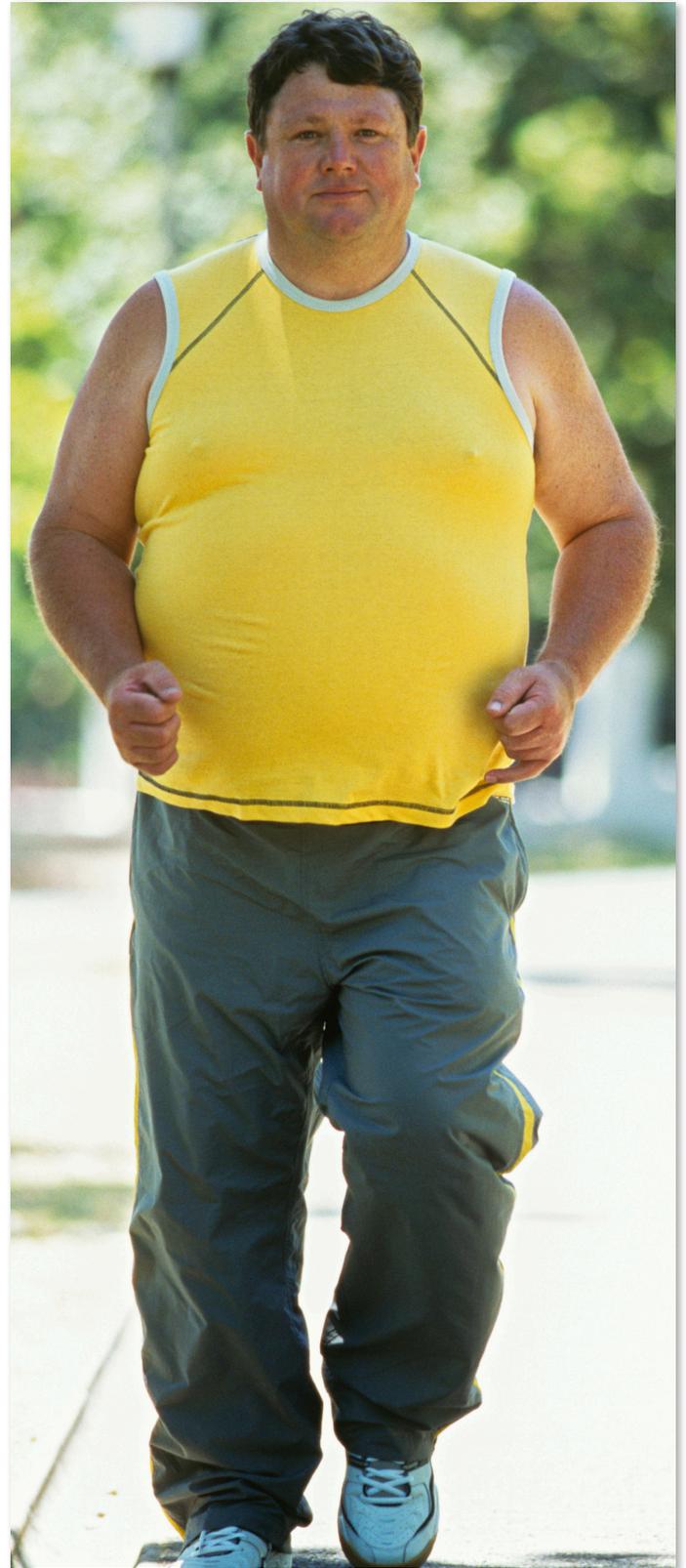
Maximum heart rate is the highest your pulse can get. To calculate use this formula.

### **220-Your Age = Maximum Heart Rate**

Target heart rate is the rate you should maintain when exercising. To calculate use this formula.

### **Maximum Heart Rate x 65% to 85% (this is your target heart rate range)**

- **Some medications may affect heart rate. If you have questions about any side effects of your medications, please ask your doctor and/or pharmacist.**



When beginning an exercise program, you may need to work up to a level that is within your target heart rate zone, especially if you haven't exercised regularly before.

To find out if you are in your target zone, stop exercising and check your pulse for 10 seconds. If your pulse is below your target zone, increase your rate of exercise. If your pulse is above your target zone decrease your rate of exercise.

Target Heart Rate Chart								
AGE	At 65%	At 85%	AGE	At 65%	At 85%	AGE	At 65%	At 85%
18	131	172	38	118	155	55	107	140
19	131	171	39	118	154	56	107	139
20	130	170	40	117	153	57	106	139
21	129	169	41	116	152	58	106	138
22	129	168	42	116	151	59	105	138
23	128	167	43	115	150	60	105	136
24	127	167	44	114	150	61	103	135
25	127	166	45	114	149	62	103	134
26	126	165	46	113	148	63	102	133
27	125	164	47	112	147	64	101	133
28	125	163	48	112	146	65	101	132
29	124	162	49	111	145	66	100	131
30	124	162	50	111	145	67	99	130
31	123	161	51	110	144	68	99	129
32	122	160	49	111	145	69	98	128
33	122	159	50	111	145	70	98	128
34	121	158	51	110	144			
35	120	157	52	109	142			
36	120	156	53	109	142			
37	119	156	54	108	141			



# 7 Website Resources

# Bariatric Surgery Website Resources

Bariatric websites and support groups can help you become more aware of your life and lifestyle changes to help you to have successful long-term weight loss after bariatric surgery. **Remember, do not assume the information you find online is correct or applies to your situation.** Information you find online is additional, but **ALWAYS follow our recommendations as your guide.**

## Phone Apps

- Baritastic
- MyFitnessPal
- Fooducate
- Waterlogged
- My Diet Coach
- Happy Scale
- Calorieking
- Nexercise

## Websites and Support Groups

- *barixclinicsstore.com*
- *BaritaricEating.com*
- *BariatricPal.com*
- *BariatricGirl.com*
- *MyBariatricLife.org*
- *DailyStrength.org*
- *ObesityHelp.com*

## Nutrition Information

- *CalorieKing.com*
- *MyFitnessPal.com*
- *LiveStrong.com*
- *Fitday.com*
- *FitnessJournal.com*
- *SparkPeople.com*
- *Nhlbi.nih.gov*

## Recipes

- Pinterest
- *BariatricFoodie.com*
- *BariatricEating.com*
- *theworldaccordingtoeggface.blogspot.com*
- *CookingLight.com*
- *HungryGirl.com*
- *SkinnyTaste.com*
- *SkinnyKitchen.com*
- *FoodHero.org*
- *SkinnyMom.com*

## Protein Shakes, Vitamins, and Minerals

- *BariatricFusion.com*
- *BariatricAdvantage.com*
- *CelebrateVitamins.com*
- *VitaCost.com*
- *BariatricChoice.com*
- *Unjury.com*
- *JayRobb.com*



# 8

## Frequently Asked Questions

## Frequently Asked Questions

<p><b>What is the frothy stuff I spit up?</b></p>	<p>Frothy spit up is usually mucus that is produced in the throat and esophagus as a response in order to move food through the stomach. This tends to occur more frequently if the stomach is narrow or swollen, especially in the first months after surgery. You may try drinking warm fluids first thing in the morning, throughout the day, or when you have found that spitting up is the worst. This helps to break this mucus down. It should be self-limiting and should get better as your body adjusts to the new digestive system. If you experience this, please discuss it with your surgeon.</p>
<p><b>How long will I feel weak and tired?</b></p>	<p>This will vary from person to person. After the Roux-en-Y gastric bypass surgery, patients report feeling much more like themselves after 3 months. Your body is working very hard to burn the fat stores you have, and you are trying to adjust to an entirely new way of eating and fluid intake. It takes time for your body to adjust.</p>
<p><b>What can I take for nausea?</b></p>	<p>Expect some nausea after your operation. If you have any questions, discuss them with your surgeon at your next appointment.</p> <p>Eating too fast, not chewing enough, or taking too big a bite may cause nausea. You may need to puree your foods for awhile (baby food consistency) until you learn how to chew your foods to applesauce consistency. Overeating can also cause nausea. Eating slowly helps your body to recognize fullness after small portions.</p> <p>We may recommend medication, but we prefer not to use medications since some may produce ill effects or it may cover up new symptoms. The nausea usually resolves itself once you learn how to eat with your new pouch.</p>
<p><b>Why am I burping so much?</b></p>	<p>Your stomach is much smaller after surgery so you don't have as big a reservoir for the air you swallow on a daily basis. You swallow air when eating, breathing, drinking, talking, and sleeping. Burping is one way your body gets rid of excess air or gas from your stomach. This may be self-limiting and may get better as you adjust to your new digestive system. Stay away from straws and carbonation since these can increase the amount of air in the stomach.</p>
<p><b>What is the drainage coming from my abdomen?</b></p>	<p>Drainage AROUND the JP drain AND the OnQ pain pump occurs commonly. Keep these areas covered with an absorbent pad until drainage stops. If areas begin to look infected, call your surgeon.</p>
<p><b>What can I take for gas?</b></p>	<p>Gas is very common initially after surgery. Some Roux-en-Y gastric bypass patients complain of strong odors with their gas, as they get further out from their surgery date. The exact cause of this is unknown other than it is probably due to the malabsorption associated with the surgery. You may try liquid or chewable Gas-X, Mylicon, or Simethicone. You may also try probiotics, which may help breakdown foods with the good/natural bacteria in your gut. Also pay attention to what foods you are eating. Eating the wrong foods may increase the amount of gas in the gut. Sometimes patients develop lactose intolerance, gluten intolerance, etc., which can cause excess gas in the intestine.</p>

<p><b>Why have I stopped losing weight?</b></p>	<p>Your body will reach plateaus throughout the weight loss process. This is normal. You may be losing inches even though the numbers on the scale haven't moved. Take pictures of yourself every three months and compare them when you get frustrated during these times.</p> <p>There are many factors that can contribute to your weight loss success. Are you following the nutrition plan? Are you getting in 64 ounces of non-caloric fluids every day? Are you exercising? Are you doing strength training or weight lifting? Are you getting too many calories or not enough calories? Target caloric intake for the day is 1000-1200 calories. Have you introduced more sugars and carbs into your diet?</p> <p>Your body will reach a point where the weight loss does indeed stop. You then begin the process of maintaining your weight. The time frame for this is generally 18 months after surgery but varies with each individual and is dependent on calorie intake and exercise.</p>
<p><b>How long after bariatric surgery will I have to be out from work?</b></p>	<p>You should consider being off work for four weeks. If you have a desk job, you are likely to be able to return to work earlier. If your job is physically demanding and requires heavy lifting or physical activity, a longer period off work may be necessary. If you have questions, consult your surgeon.</p>
<p><b>When can I start exercising again after surgery?</b></p>	<p>Walking is encouraged early after surgery and, thereafter, on a regular basis to increase your physical activity level. Aerobic activities such as brisk walking, stationary biking, elliptical machines, etc., may be done almost immediately after surgery and are limited generally by the degree of discomfort that these activities cause. You may engage in swimming once your surgeon has determined that the wounds have healed sufficiently. Activities that are more strenuous or that involve lifting weights are generally discouraged for four weeks after surgery. This can vary, so consult with your surgeon first.</p>
<p><b>Can I ever take NSAIDS again?</b></p>	<p>These drugs are associated with stomach ulcers. Even topical creams have the potential to cause ulcers. Because of this risk, it is generally considered unsafe for a patient to use NSAIDs after gastric bypass; however, in some cases, the benefits of NSAIDs may outweigh the risks. Consult with your surgeon before taking NSAIDs.</p>
<p><b>What follow up schedule can I expect?</b></p>	<p>You will visit your surgeon around one week after surgery. At this time your staples and drain should be removed. After that you should expect to see your surgeon at one month, three months, six months, nine months, one year and then yearly thereafter. The weight loss team at Kettering Weight Loss Solutions would like to see you several times during the first year.</p>
<p><b>What can I expect for lab draws?</b></p>	<p>You can expect a lab draw at three, six, nine, 12, 18, and 24 months then yearly for Roux-en-Y and Sleeve patients.</p>
<p><b>Index for other FAQs which can be found in the book:</b></p>	<p>How long do I need to wait before getting pregnant?...p. 7</p> <p>Smoking and ulcers...p.7</p> <p>When can I take a shower?...p.16</p> <p>What vitamins do I need to take after surgery?...p.18</p> <p>Protein supplements, what and where to purchase...p.19</p> <p>What food are a good source of protein?...p.29-30</p>



# 9 Bariatric Planner

# My Batriatric Planner

Today's Date \_\_\_\_\_

**Goals or things to accomplish today:**

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

**Food Journal**

	Food/Beverage	Protein	
<b>Breakfast</b>			
<b>Snack</b>			
<b>Lunch</b>			
<b>Snack</b>			
<b>Dinner</b>			

**Exercise Journal**

<b>Description:</b>		<b>Minutes:</b>	
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**Fluid Journal**

<b>Check off:</b>								
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